

# 15th MEDICAL GROUP

## PATIENT/CUSTOMER FEEDBACK

One of our primary goals is to provide a responsive and sensitive atmosphere for our patients and visitors. We care very much about how pleased you were with your care. Please take a moment and let us know how we are doing. Just drop the completed form in one of our feedback boxes. Thank you for taking time in helping us serve you better.

Please Check the Clinic(s) visited today: ☐ Women's Health ☐ PHA  
☐ Family Practice ☐ Pediatrics ☐ Pharmacy ☐ Radiology ☐ Public Health ☐ Optometry  
☐ Flight Medicine ☐ Laboratory ☐ Dental ☐ Physical Medicine ☐ HAWC ☐ Other \_\_\_\_\_

**On a scale of 1-5 please rate the quality of service you received.**



1 = Poor



2 = Fair



3 = Good



4 = Excellent



5 = Outstanding

### Tell us about your Appointment

**Date of Appointment/Service:** \_\_\_\_\_

How did you schedule your Appointment? ☐ By Phone ☐ TRICARE On-line ☐ Other Method \_\_\_\_\_

How would you rate Appointment Availability? ☐ 1 ☹☹ ☐ 2 ☹☺ ☐ 3 ☺☺ ☐ 4 ☺☺ ☐ 5 ☺☺

How easy was it to make an appointment? ☐ 1 ☹☹ ☐ 2 ☹☺ ☐ 3 ☺☺ ☐ 4 ☺☺ ☐ 5 ☺☺

During your appointment were your questions answered to your satisfaction? ☐ Yes ☐ No

How long, after your scheduled appointment time, did you wait in the reception area?

☐ 0 to 5 minutes ☐ 5 to 20 minutes ☐ 20 to 40 minutes ☐ Other \_\_\_\_\_

### Tell us about the Staff

How would you rate the courtesy of the staff? ☐ 1 ☹☹ ☐ 2 ☹☺ ☐ 3 ☺☺ ☐ 4 ☺☺ ☐ 5 ☺☺

How would you rate the service of your Tech or Nurse? ☐ 1 ☹☹ ☐ 2 ☹☺ ☐ 3 ☺☺ ☐ 4 ☺☺ ☐ 5 ☺☺

How would you rate the service of your Provider? ☐ 1 ☹☹ ☐ 2 ☹☺ ☐ 3 ☺☺ ☐ 4 ☺☺ ☐ 5 ☺☺

Would you like to recognize a specific staff member for their service? \_\_\_\_\_

Would you like to recognize a specific Clinic for their service? \_\_\_\_\_

Please share any additional comments.

Would you like a reply? ☐ YES ☐ NO Daytime Phone Number: \_\_\_\_\_

### OPTIONAL

NAME/RANK: \_\_\_\_\_ STATUS: ☐ AD ☐ RET ☐ DEP ☐ OTHER

**For Office Use Only:**